

## STATE OF MARYLAND—CERTIFICATE OF DEATH

4310

## 1. PLACE OF DEATH

County Montgomery 10783  
 WITHIN CORPORATE LIMITS C.R.  
 Village or City Ashmont, Mass. No. Washington Sanitarium Hospital  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registration Dist. No. 223

Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Peterson, John Charles Franklin an specify WAR

(a) Residence: No. 2800 Connecticut Ave. -St., Ward. Washington, D.C.  
 (Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED,  
 OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced  
 HUSBAND of  
 (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Jan 28 1937

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
			<u>20</u>	

8. Trade, profession, or particular  
 kind of work done, as SPINNER,  
 SAWYER, BOOKKEEPER, etc.

9. Industry or business in which  
 work was done, as SILK MILL,  
 SAW MILL, BANK, etc.

10. Date deceased last worked at  
 this occupation (month and  
 year)

11. Total time (years)  
 spent in this  
 occupation12. BIRTHPLACE (city or town)  
 (State or country)Ashmont, Mass.

13. NAME Peterson, John Lorenz  
 14. BIRTHPLACE (city or town)  
 (State or country) Pottstown, Pa.

15. MATURE NAME Frederick Franklin  
 16. BIRTHPLACE (city or town)  
 (State or country) Bethel, Conn. George C. Mass.

17. INFORMANT Mrs. John L. Peterson  
 (Address) 2800 Conn Ave. Wash. D.C.

18. BURIAL, CREMATION, OR REMOVAL  
 Place Pottstown, Pa. Date April 19, 1937

19. UNDERTAKER The St. J. Hayes Co.  
 (Address) 2901 14 St. N.W.

20. FILED April 18, 1937 26. E. Rogers  
 Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April 17  
 (Month) 1937 (Day) Year

22. I HEREBY CERTIFY, That I attended deceased from

Jan 28, 1937, to April 17, 1937  
 I last saw him alive on April 17, 1937; death is said  
 to have occurred on the date stated above, at 10:53 a.m.  
 The PRINCIPAL CAUSE OF DEATH and related causes of importance  
 were as follows:

Pneumonia, tubular 4-15-37  
 Date of onset

Other Contributory Causes of importance

Pneumonia, lymphadenitis  
inflammation and effusion  
of heart and lungs Pneumonia

Name of operation No Date of 4-15-37What test confirmed diagnosis? Clinical X-ray Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) John Mitchell M.D.  
 (Address) Silver Spring, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

4311

## 1. PLACE OF DEATH

County Montgomery

106a

Registration Dist. No.

218

Village or City Daytonville (Village)

St., Ward

Length of residence in city or town where death occurred 3 yrs. 0 mos. 0 ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U.S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

## 2. FULL NAME

Charles Edw. Almunt

If U. S. Veteran, specify WAR

(a) Residence: No. Daytonville (Usual place of abode)

St., Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Male White married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Mary E Almunt

6. DATE OF BIRTH (month, day, and year)

Nov 19 - 1856

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

83

4

14

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

1929

11. Total time (years) spent in this occupation

65-

12. BIRTHPLACE (city or town) (State or country)

Montgomery Co. MD

13. NAME

John Almunt

14. BIRTHPLACE (city or town) (State or country)

Montgomery Co

15. MAIDEN NAME

Elizabeth Muller

16. BIRTHPLACE (city or town) (State or country)

Montgomery Co

17. INFORMANT

Mrs. Mary E Almunt

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Rockville MD

Place Date April 7, 1937

19. UNDERTAKER

Roy W. Barker

(Address)

20. FILED

Apr 7, 1937 W.H. Boyer

Duly Registered

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Aprne

(Month) 4 (Day)

, 1937 (Year)

22. I HEREBY CERTIFY. That I attended deceased from

March 10 1937 to March 17 1937I last saw him alive on March 17 1937; death is said to have occurred on the date stated above, at 12 m in bed

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

General Arterio Sclerosis Data of onsetUnknown to me

Other Contributory Causes of importance

Acute Bronchitis 3 weeks ago

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) George M. Boyer M. D.(Address) Baltimore, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	MAY 6 1921	1921

*BUREAU V.S.*

Other contributory causes of importance:

Gallstones

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

*BUREAU V.S.*

Other contributory causes of importance:

Gastroenteritis

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

V. S. No.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

4312

## 1. PLACE OF DEATH

County

Montgomery

958

Registration Dist. No.

214

Village or City

Washington (outside)

St.,

Ward

Length of residence in city or town where death occurred

yrs.

3

mos.

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

No. 12 Dresden

If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U. S. If of foreign birth? yrs. mos. ds.

## 2. FULL NAME

Laura Virginia Leontyne Appleman

If U. S. Veteran, specify WAR

(a) Residence: No. 12 Dresden Street

St., Ward.

If nonresident give city or town and State

(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female White

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

John Philip Paley Appleman

6. DATE OF BIRTH (month, day, and year)

March 7, 1847

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

90

1

0

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Housekeeper

SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

Oven house

10. Date deceased last worked at this occupation (month and year)

3 mos. 1937

11. Total time (years) spent in this occupation

69

12. BIRTHPLACE (city or town)

(State or country)

Hagerstown

Maryland

Date of onset

13. NAME

Samuel

Leontyne

14. BIRTHPLACE (city or town)

(State or country)

Pennsylvania

Date of death

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

20. FILED

(Address)

Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

April

17

, 1937

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from April 15, 1937, to April 17, 1937

Last saw her alive on April 17th, 1937; death is said to have occurred on the date stated above, at 6:55 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Coronary occlusion

Myocardial decompensation

to congestive failure

Date of onset

4-17-37

4-17-37

Other Contributory Causes of Importance:

Bilateral atherosclerosis

?

Name of operator

None

Data of

What test confirmed diagnosis?

None

Was there an autopsy?

No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

J. Wilkins Coe

M. D.

(Address)

Washington, D. C.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED	
Arteriosclerosis	1915
Chronic interstitial nephritis	MAY 5 1927
Cerebral hemorrhage	July 5, 1927

BUREAU V. S.

Other contributory causes of importance:

Gallstones May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLENTY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

4313

## 1. PLACE OF DEATH

County Montgomery 82-a  
Village or City Rockville

Registration Dist. No. 218Length of residence in city or town where death occurred 2 yrs. — mos. — ds.(If death occurred in a hospital or institution, give its NAME instead of street and number) Village St., — Ward

## 2. FULL NAME

Mary Frances Elizabeth Barber U. S. Veteran, specify WAR(a) Residence: No. Rockville Mary St., — Ward.  
(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>
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5a. If married, widowed, or divorced

HUSBAND of Edward H. Barber6. DATE OF BIRTH (month, day, end year) March 14, 1866

7. AGE <u>71</u> Years	Months <u>1</u>	Days <u>8</u>	If LESS than 1 day, <u>—</u> hrs. or <u>—</u> min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>None</u>	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>—</u>	
10. Date deceased last worked at this occupation (month and year) <u>—</u>	11. Total time (years) spent in this occupation <u>—</u>

12. BIRTHPLACE (city or town) Montgomery Co  
(State or county)13. NAME Joseph Berriss14. BIRTHPLACE (city or town) Montgomery Co  
(State or county)15. MAIDEN NAME Elizabeth Ray16. BIRTHPLACE (city or town) Montgomery Co  
(State or county)17. INFORMANT Rev. W. H. Barber  
(Address) Rockville, Md.18. BURIAL, CREMATION, OR REMOVAL  
Place Rockville Date April 21, 193719. UNDERTAKER Rev. W. H. Barber  
(Address) Rockville, Md.20. FILED April 21, 1937 111-8544  
Registrar John J. O'Brien

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April191937(Month)(Day)(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Feb. 15, 1937 to April 17, 1937I last saw him alive on April 17, 1937; death is said to have occurred on the date stated above, at 6:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral Hemorrhage  
Generalized Arteriosclerosis  
Hypertension

Date of onset

4-19-37

?

?

Other Contributory Causes of Importance:

Name of operation None Date of —What test confirmed diagnosis Clinical Was there an autopsy? —

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury —Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify — (Signed) John McAndrews Boyer M.D.(Address) Damascus

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	MAY 6 1937	Date of onset
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923	Date of onset

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	Date of onset
	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		
The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	MAY 5 1937	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	BUREAU V. S.	1921
		July 5, 1927

Other contributory causes of importance:		
Gallstones		Date of onset
		May 1, 1923

Example II		
The principal cause of death and related causes of importance were as follows:		
Attack of epilepsy		Date of onset
Run over by street car		1 week ago
Peritonitis		1 week ago
		3 days ago

Other contributory causes of importance:		
Gastroenteritis		Date of onset
		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

4315

## 1. PLACE OF DEATH

County Montgomery  
WITHIN CORPORATE LIMITS  
Village or City Takoma Park

Length of residence in city or town where death occurred yrs.

(131)

Registration Dist. No. 223No. Washington Sanitarium & Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. 36 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No. 2110 N St N.W.  
(Usual place of abode)

If U.S. Veteran specify WAR

St. Ward. Washington, D.C.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Single

6a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Aug. 28, 1883

7. AGE

Years  
43Months  
7Days  
14If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)Clerk  
Nat. Geographic Society  
Feb 9, 193711. Total time (years)  
spent in this  
occupation 18 yrs.12. BIRTHPLACE (city or town)  
(State or country)Washington, D.C.

MOTHER FATHER

13. NAME Clement Brooke14. BIRTHPLACE (city or town)  
(State or country)? Maryland15. MARRIED NAME Margaret Turton16. BIRTHPLACE (city or town)  
(State or country)? Maryland17. INFORMANT Washington Sanitarium Records  
(Address) Takoma Park, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Congressional Cemetery Date Apr. 14, 1937

19. UNDERTAKER

(Address) First A. Hayes Co  
2901 14th St. N.W.

20. FILED

Apr. 12, 1937 H. Edgerton  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

April

12

(Month)

1937

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

March 16, 1937 to April 12, 1937I last saw her alive on April 12, 1937; death is said  
to have occurred on the date stated above, at 2:50 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Chronic Glomerular Nephritis Date of onset  
1936Myocardial degeneration 6 weeks

Other Contributory Causes of Importance:

Infected tonsils 1932

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) Edgar D. Patterson M.D.  
(Address) Takoma Park, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	MAY 5 1937	1921

BURGESS V. S.

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

4316

## 1. PLACE OF DEATH

County MontgomeryVillage or City Barnesville, Md.Registration Dist. No. 212

St.

Ward

Length of residence in city or town where death occurred 39 yrs.(If death occurred in a hospital or institution, give its NAME instead of street and number)  
mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.2. FULL NAME Mary J. Brown(a) Residence: No. 10

(Usual place of abode)

St. St. Ward. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female Colored

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)  
Married5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofRichard Brown

6. DATE OF BIRTH (month, day, and year)

Apr. 17, 1881

7. AGE

Years 55 Months 10 Days 21 If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.  
9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.  
10. Date deceased last worked at  
this occupation (month and  
year) 4/37 11. Total time (years)  
spent in this  
occupation 3812. BIRTHPLACE (city or town)  
(State or country)13. NAME William Proctor14. BIRTHPLACE (city or town)  
(State or country)15. MAIDEN NAME Mary Higgins16. BIRTHPLACE (city or town)  
(State or country)17. INFORMANT Richard Brown  
(Address) Barnesville, Md.18. BURIAL, CREMATION, OR REMOVAL  
Place Bella Chapel Date 4/11 19 3719. UNDERTAKER W. B. Wilton  
(Address) Barnesville, Md.20. FILED 4/11, 1937 Mrs Clagett Wilton  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Apr. 8, 1937, 1937 (Year)  
(Month) (Day)

22. I HEREBY CERTIFY That I attended deceased from

I last saw her alive on Apr. 7, 1937; death is said  
to have occurred on the date stated above, at 4:30 p.m.  
The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Congestive heart  
disease Date of onset

Other Contributory Causes of importance:

Cardio Asthma  
Tuberculosis Date of

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, IN HOME, or in PUBLIC PLACE.

Menner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) T. R. Gough M. D.(Address) Barnesville, Md.

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis		Date of onset 1915
Chronic interstitial nephritis	REMOVED	1921
Cerebral hemorrhage		July 5, 1927

MAY 5 1927

Other contributory causes of importance: S.

Gallstones

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

4317

## 1. PLACE OF DEATH

County Montgomery 1940 Registration Dist. No. 223  
 Village or City Takoma Park, Md. No. Washington Lane St. 100 Ward  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Earl H. Burdette

(a) Residence: No. Gaithersburg, Md. St. Ward.

If U.S. Veteran specify WAR

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Marjory Jane Burdette</u>				
6. DATE OF BIRTH (month, day, and year) <u>Feb. 4, 1902.</u>				
7. AGE <u>35</u>	Years <u>2</u>	Months <u>17</u>	Days <u>17</u>	If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Trucker</u>	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>Lumber business</u>	
10. Date deceased last worked at this occupation (month and year) <u>4-13-37</u>	11. Total time (years) spent in this occupation <u>5 yrs</u>

12. BIRTHPLACE (city or town) Damascus, Md.  
 (State or country)

13. NAME Claud H. Burdette  
 14. BIRTHPLACE (city or town) Maryland  
 (State or country)

15. MARRIED NAME Sally R. Bayer  
 16. BIRTHPLACE (city or town) Maryland  
 (State or country)

17. INFORMANT Sanitarium Records  
 (Address)

18. BURIAL, CREMATION, OR REMOVAL  
 Place Cedar Grove, Md. Date April 24, 1937

19. UNDERTAKER Wm. Rubin Funeral Home  
 (Address) 120 Cheviot, Maryland

20. FILED Apr. 22, 1937 H. S. Rogers  
 (Signature) Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 21, 1937

22. I HEREBY CERTIFY. That I attended deceased from April 13, 1937, to April 21, 1937.

I last saw him alive on April 21, 1937; death is said to have occurred on the date stated above, at 8:15 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Fracture Dislocation of 12 dorsal & 1st lumbar & 5th lumbar. Fracture of spinal cord, paraplegia. Fracture of ribs 5-12 rt. Fracture thru left sacrum, dislocation & separation of symphysis pubis. Massive collapse of lower lobes of lungs

Name of operator Lamineotomy Date of Apr. 18, 1937

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide accident Date of Injury Apr. 13, 1937

Where did injury occur? Gaithersburg, Md. (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Free fell on patient while standing over squatting position  
 Nature of injury Fracture of skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Dead at Calvert and Watson Park, Md.  
 (Address)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	1915
Cerebral hemorrhage	1921

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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N. B.—**WRITE PLAINLY, WITH UNFADING INK**—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County Montgomery  
Village or City Bethesda

Length of residence in city or town where death occurred 2 yrs. 4 mos. ds How long in U. S. if of foreign birth? years mos ds

(131)

Veteran of world war.

Registration Dist. No. 216St. Ward

## 2. FULL NAME

Robert Buell Buzbee(a) Residence: No. 1 Winston Drive  
(Usual place of abode)

No.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)Married

6a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofVera Sawyer

6. DATE OF BIRTH (month, day, and year)

Dec 7, 1889

7. AGE

Years

47

Months

Days

If LESS than  
1 day, hrs.  
or min.

8. OCCUPATION

9. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.10. Industry or business in which  
work was done, as SILENT  
SAW MILL, BANK, etc.11. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

(State or country)

Alabama

13. NAME

Rudson H. Buzbee

14. BIRTHPLACE (city or town)

(State or country)

Alabama

15. MAIDEN NAME

Sarah M. Burton

16. BIRTHPLACE (city or town)

(State or country)

Alabama

17. INFORMANT

(Address)

6133-38nd St. NW.

18. BURIAL, CREMATION, OR REMOVAL

Place Washington, D. C. Date April 26, 1937

19. UNDERTAKER

(Address) The S. H. Jones Co.2801-145 8th St. NW.20. FILED 4-26, 1937 B. C. Perry, M.D.

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April  
(Month)25  
(Day)1937  
(Year)22. I HEREBY CERTIFY. That I attended deceased from August 36 April 25, 1937I last saw him alive on April 25, 1937, death is said to have occurred on the date stated above, at 11:00 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Glomerular  
nephritis c Edema Date of onset 1937  
Myocardial  
failure April  
15-37Other Contributory Causes of importance:  
Chronic Nephrosis 1936  
c EdemaName of operation Blood Chemistry Date ofWhat test confirmed diagnosis Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Data of injury —, 19Where did Injury occur? — (Specify city or town, county and State)Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. —Manner of injury —Nature of injury —24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify R. E. Dunkley M. D.(Signed) R. E. Dunkley M. D.(Address) 1801 Eye St.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

RECEIVED		Date of onset
The principal cause of death and related causes of importance were as follows:	MAY 5 1937	1915
Arteriosclerosis		
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago
Other contributory causes of importance:		Other contributory causes of importance:
Gallstones	May 1, 1923	Gastroenteritis
		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

4319

## 1. PLACE OF DEATH

County Montg Co  
Village or City Senica Md

Registration Dist. No. 213

St. Ward

Length of residence in city or town where death occurred yrs. 4 mos. 4 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Nelson Clugston  
(a) Residence: No. Seneca Md, R F D

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edith Clugston				
6. DATE OF BIRTH (month, day, and year) Nov 30th 1856				
7. AGE 1856	Years 80	Months 4	Days 15	If LESS than 1 day, ____ hrs. or ____ min.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Paper Designer. & Painter.				
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.				
10. Date deceased last worked at this occupation (month and year) nov 1936 Total time (years) 11 spent in this occupation				
12. BIRTHPLACE (city or town) (State or country) South Carolina				
13. NAME Thomas Clugston				
14. BIRTHPLACE (city or town) (State or country) Ireland				
15. MAIDEN NAME Margrett Greer				
16. BIRTHPLACE (city or town) (State or country) Scotland				
17. INFORMANT MRS William Schaeffer (Address)				
18. BURIAL, CREMATION, OR REMOVAL Senica Md Place Beallsville Date Apr 18th, 1937				
19. UNDERTAKER Ernest C Gartner (Address) Gaithersburg Md				
20. FILED Apr 18, 1937 Upm D. Moore M. D. Registrar				

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH 4 15, 1937

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov 21<sup>st</sup>, 1936, to Apr 15<sup>th</sup>, 1937; death is said to have occurred on the date stated above, at 10.50 P.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Caecum & col-rectal  
granulomatous & tuberculous  
process. 6/13/36  
Date of onset 1934

Other Contributory Causes of importance:

Bronchopneumonia 4/14/37

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Tiplin Thomas M. D.  
(Address) 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	MAY 5 1937
Cerebral hemorrhage	July 5, 1927

BUR. U. S.

RECEIVED

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

RECEIVED

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

4320

## 1. PLACE OF DEATH

County

Montgomery

46-6

Registration Dist. No.

216

St.

Ward

Village or City

Bethesda

Length of residence in city or town where death occurred

25 yrs.

No. Outsider

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME George Francis Coleman(a) Residence: No. Box 1480 River Road

(Usual place of abode)

St. Ward.

Not a war veteran

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

A.A.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5e. If married, widowed, or divorced

HUSBAND or  
(or) WIFE ofRosalie Coleman

6. DATE OF BIRTH (month, day, end year)

Dec. 25, 1872

7. AGE

Years  
64Months  
3Days  
14If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)

7/1937

11. Total time (years)  
spent in this  
occupation

75 yrs

12. BIRTHPLACE (city or town)

(State or country)

Wash., D.C.

13. NAME

George Coleman

14. BIRTHPLACE (city or town)

(State or country)

Va.

15. MAIDEN NAME

Maria Tutt

16. BIRTHPLACE (city or town)

(State or country)

Unknown

17. INFORMANT

(Address)

Rosalie Coleman  
River Road Bethesda Md.

18. BURIAL, CREMATION, OR REMOVAL

Frozier Funeral Home

Place 289 B. L. Ave. N. D.C. Date 4-9-1937

19. UNDERTAKER

(Address)

Thor. Frazee &amp; Co.

20. FILED

4-10, 1937

B.C. Perry, M.D.

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April 9

, 1937

(Month)

(Day)

(Year)

## 22. I HEREBY CERTIFY. That I attended deceased from

February, 1937, to April 9, 1937

I last saw him alive on April 9, 1937; death is said

to have occurred on the date stated above, at 3 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance

were as follows:

Gastric Carcinoma

Date of onset

?

## Other Contributory Causes of Importance:

none

Name of operation: none Date of: 1937What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury: 1937

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) Webster Lowell M.D.(Address) Silver Spring, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I

The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915
Chronic interstitial nephritis	MAY 5 1937
Cerebral hemorrhage	1921
<i>BUREAU V. S.</i>	

Example II

The principal cause of death and related causes of importance were as follows:	
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gallstones	May 1, 1923
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



# UNITED STATES STANDARD CERTIFICATE OF DEATH

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## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1921
Cerebral hemorrhage	JUN 4 1927	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

4322

## 1. PLACE OF DEATH

County Maryland  
Village or City Barnesville

34

Registration Dist. No. 212St. WardLength of residence in city or town where death occurred 1 yrs. m<sup>o</sup>s. 0 ds. How long in U.S. if of foreign birth? 0 yrs. m<sup>o</sup>s. 0 ds.2. FULL NAME Susie Copeland(a) Residence: No. 

(Usual place of abode)

St.  Ward. 

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE Beige 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married (write the word)5a. If married, widowed, or divorced  
HUSBAND OF  
(or) WIFE OF wif of Samuel Copeland6. DATE OF BIRTH (month, day, and year) Sept 18 18967. AGE Years 61 Months  Days  If LESS than  
1 day, 0 hrs.  
or 0 min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc. Housekeeper9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc. 10. Date deceased last worked at  
this occupation (month and  
year) 11. Total time (years)  
spent in this  
occupation 12. BIRTHPLACE (city or town)  
(State or country) Maryland13. NAME John Clayton14. BIRTHPLACE (city or town)  
(State or country) Maryland15. MAIDEN NAME Eliza Warren16. BIRTHPLACE (city or town)  
(State or country) Maryland17. INFORMANT Samuel Copeland  
(Address) R. F. D. #118. BURIAL, CREMATION, OR REMOVAL  
Place Barnesville Date April 30, 193719. UNDERTAKER Henry Davis  
(Address) Bootsville Md20. FILED Apr 27, 1937 Mrs C. C. Hill  
Registrar. 

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 4 26, 1937

(Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from  
March 20, 1937, to Apr 26, 1937.  
I last saw her alive on Apr 24, 1937; death is said  
to have occurred on the date stated above, at 11:59 a.m.  
The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Genl. arterial sclerosis 1928  
Cardio vascular syphilitis 1928

Other Contributory Causes of importance:

Cerebral hemorrhage 3/35/37Name of operation None Date of What test confirmed diagnosis? Post mortem an autopsy

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19Where did injury occur? —

Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury NoneNature of injury None24. Was deceased or injury in any way related to occupation of deceased? NoIf so, specify —(Signed) H. L. House M. D.(Address) Barnesville Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	MAY 5 1937	1921

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1928

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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V. S.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Birth has been alive

4323

## STATE OF MARYLAND—CERTIFICATE OF DEATH

## 1. PLACE OF DEATH

County

Montgomery County

8

Registration Dist. No.

217

Village or City

Olney, Md.

Montgomery County, Md.

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. If of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

Baby girl Cornwell

(a) Residence: No. Rockville, Md.

(Usual place of abode)

If U. S. Veteran, specify WAR

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than I day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country)

Olney, Md.

MOTHER

13. NAME

Norman Cornwell

14. BIRTHPLACE (city or town)  
(State or country)

Gaithersburg, Md.

15. MAIDEN NAME

Lucy Neal

16. BIRTHPLACE (city or town)  
(State or country)

Bland, Va.

17. INFORMANT  
(Address)

No. 100 records

18. BURIAL, CREMATION, OR REMOVAL

Place: Damstetone, Md. Date: 4/8, 1936

19. UNDERTAKER  
(Address)

R. J. Corrigan &amp; P. Murphy

20. FILED

April 8, 1936, C. S. Bemby

Registrar.

## 21. DATE OF DEATH

April

7

(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

Stillbirth, 19

19

I last saw h. alive on , 19 ; death is said

to have occurred on the date stated above, at . m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

Induction of labor  
Prolonged labor  
Cervical dilatation  
Trial forceps delivery

Other Contributory causes of importance:

None

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury , 19

Where did Injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? No

If so, specify

(Signed)

W. J. Hartman

M. D.

(Address) Rockville, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1921
Cerebral hemorrhage	MAY 4 1937	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

## Example II

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

## 1. PLACE OF DEATH

County Montgomery

108

Registration Dist. No.

217

Village or City Colleville Md

St.

Ward

Length of residence in city or town where death occurred

7

yrs.

mos.

ds.

How long in U. S. If of foreign birth?

yrs.

mos.

ds.

2. FULL NAME Clara Crawford(a) Residence: No. Colleville Md

If U. S. Veteran, specify WAR

St. Ward

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)Female whiteDivorced

5e. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofEdward Crawford

6. DATE OF BIRTH (month, day, end year)

July Aug-71871

7. AGE

Years 65 Months 8 Days 11 If LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years) —  
spent in this  
occupation

12. BIRTHPLACE (city or town)

(State or country)

Md.

MOTHER

FATHER

13. NAME James Becroft

14. BIRTHPLACE (city or town)

(State or country)

Md.15. MARRIED NAME Mary Golden

16. BIRTHPLACE (city or town)

(State or country)

Md.17. INFORMANT Mrs. Mary Becroft

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Bethanyville Md, Apr-21/3719. UNDERTAKER Edward Crawford

(Address)

20. FILED 4-20, 1937

C. 83

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

4. 18

(Month)

(Day)

1937  
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

4. 14, 1937, to 4. 18, 1937

I last saw her alive on 4. 15, 1937, death is said  
to have occurred on the date stated above, at 11. 30 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Double Lobar Pneumonia Date of onset  
4-14-37myocardial insufficiency Date  
4-12-37

Other Contributory Causes of importance:

Hypertension Date  
2-1-34

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, IN HOME, or IN PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

B. P. Warren

M. O.

(Address) Laurel Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Date of onset

1915

Chronic interstitial nephritis

MAY 4 1937

Date of onset

1921

Cerebral hemorrhage

BUREAU V. S.

Date of onset

July 5, 1927

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other contributory causes of importance:

Gallstones

Date of onset

May 1, 1923

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

4325

## 1. PLACE OF DEATH

County Montgomery  
Village or City Bethesda

82-A

Registration Dist. No. 216

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME Elizabeth J. Flack(a) Residence: No. 4628 Watkins Ave.

(Usual place of abode)

If U. S. Veteran, specify WAR No.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female.</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>widowed.</u>
If married, widowed, or divorced HUSBAND OF (or) WIFE of <u>Joseph P. Flack</u>		

6. DATE OF BIRTH (month, day, and year)	<u>May 10 - 1850</u>		
7. AGE	Years <u>86</u>	Months <u>10</u>	Days <u>23.</u>
	If LESS than 1 day, _____ hrs. or _____ min.		

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	<u>House wife</u>		
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.			
10. Date deceased last worked at this occupation (month and year)	<u>1931</u>	11. Total time (years) spent in this occupation	<u>60 yrs</u>

12. BIRTHPLACE (city or town) (State or country)	<u>Md.</u>
---	------------

13. NAME <u>Alexander Bean</u>	
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14. BIRTHPLACE (city or town) (State or country)	<u>Md.</u>
---	------------

15. MAIDEN NAME <u>Anne Winters</u>	<u>Wilbury</u>
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16. BIRTHPLACE (city or town) (State or country)	<u>Winters</u>
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17. INFORMANT <u>Alberta M. Flack</u>	
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18. BURIAL, CREMATION, OR REMOVAL Place <u>Rockville</u>	St. Mary's Cemetery Data <u>4-6-1937</u>
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19. UNDERTAKER <u>Wm Reuben Pumphrey</u>	
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20. FILED <u>4-5-1937</u>	B. C. Perry, M.D. Registrar
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## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April

(Month)

3

(Day)

1937

(Year)

22. I HEREBY CERTIFY That I attended deceased from November, 1933, to April 3, 1937. I last saw her alive on April 3, 1937; death is said to have occurred on the date stated above, at 7:00 A.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arterio-sclerosisDate of onset  
1934Cerebral hemorrhage 43-37

## Other Contributory Causes of Importance:

none

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) B. C. Perry M.D.(Address) Bethesda, Maryland

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	May 5 1937
Chronic interstitial nephritis	
Cerebral hemorrhage	BUREAU V. S.

Other contributory causes of importance:

Gallstones	May 1, 1923
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Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

4326

## 1. PLACE OF DEATH

County

Montgomery

93-5

Village or City

Bethesda

Registration Dist. No.

216

Length of residence in city or town where death occurred

(If death occurred in a hospital or institution, give its NAME instead of street and number) Ward

## 2. FULL NAME

William J. Gallery

(a) Residence: No.

4424 Montgomery Ave

(Usual place of abode)

If U. S. Veteran, specify WAR

Not a War Veteran

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male

## 4. COLOR OR RACE

white

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

## 5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Mary P. Gallery

## 6. DATE OF BIRTH (month, day, and year)

Years  
68Months  
8Days  
9If LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.

July 31, 1868

## 7. AGE

## OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Merchant

## 12. BIRTHPLACE (city or town)

(State or country)

Baltimore

## MOTHER FATHER

## 13. NAME

Bryan Gallery

## 14. BIRTHPLACE (city or town)

(State or country)

Ireland

## 15. MAIDEN NAME

Anne Fitzmaurice

## 16. BIRTHPLACE (city or town)

(State or country)

Ireland

## 17. INFORMANT

(Address)

4424 Montgomery Ave Bethesda Md.

## 18. BURIAL, CREMATION, OR REMOVAL

(Address)

St. Joseph's Cemetery Md. Date Apr. 12, 1937

## 19. UNDERTAKER

(Address)

C. J. Morris Son  
Sanctuary Md.

## 20. FILED

4-9-1937

B. C. Perry, M.D.

Registrar.

## 21. DATE OF DEATH

April 9

(Month)

(Day)

1937  
(Year)

## 22. I HEREBY CERTIFY That I attended deceased from

Feb 1, 1934 to April 9, 1937

I last saw him alive on April 8, 1937 death is said to have occurred on the date stated above, at 3 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Myocarditis  
arterio ScleroticCoronary Occlusion  
or EmbolusDate of onset  
1934terminus  
(last day)

## Other Contributory Causes of Importance:

Name of operation None Date of

What last confirmed diagnosis? None Was there an autopsy? No

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of Injury 19

## Where did Injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

## Manner of Injury

## Nature of Injury

## 24. Was disease or injury in any way related to occupation of deceased? No

## If so, specify

(Signed) James F. O'Donnell M. D.  
(Address) 4422 Watkins Ave  
Bethesda, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

LIVED	
Arteriosclerosis	MAY 5 1937
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

4327

## 1. PLACE OF DEATH

County Montgomery  
WITHIN CORPORATE LIMITS  
Village or City Takoma Park

93-2

Registration Dist. No. 223

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charles S. Garman

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Widow

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofStella Slets

6. DATE OF BIRTH (month, day, and year)

July 7, 1875

7. AGE

Years

63

Months

6

Days

29

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BODKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)Manufacturer  
(Retired)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)York County  
Pa.

MOTHER FATHER

13. NAME

John A. Garman14. BIRTHPLACE (city or town)  
(State or country)York County  
Pa.

15. MAIDEN NAME

Ratherine Smith16. BIRTHPLACE (city or town)  
(State or country)York County  
Pa.

17. INFORMANT

Ray F. Garman

(Address)

3622-11 sr.

18. BURIAL, CREMATION, OR REMOVAL

Bethel Rock, Pa.Date April 7, 1937

19. UNDERTAKER

Horval F. Tabler

(Address)

4217-91 P. N. N.

20. FILED

April 6, 1937H. E. Rogers

Registrar.

No. 608-Garland

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

If U.S. Veteran specify WAR

St. Ward.

If nonresident give city or town and State

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April  
(Month)6  
(Day)1937  
(Year)

## 22. I HEREBY CERTIFY. That I attended deceased from

Feb. 1, 1937 to April 6, 1937I last saw him alive on April 6, 1937; death is said  
to have occurred on the date stated above, et. 3:30 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Date of onset

Arteriosclerosis hypertension congestion death 1937

## Other Contributory Causes of Importance:

Chronic myocarditis duration not known Feb. 1937  
but prior to February 1937Name of operation No Date ofWhat test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIDLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—Where did injury occur? —

(Specify city or town, county and State)

Specify whether injury occurred IN INDUSTRY, IN HOME, or in PUBLIC PLACE.

Manner of injury —Nature of injury —24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify —

(Signed)

766 Bullock  
766 Rock & Ch. Rd. M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.  
9.—The industry or business in which the work was done.  
10.—The month and year the deceased last worked at the occupation  
11.—The number of years the deceased followed the occupation

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

### Example 1

The principal cause of death and related causes of importance were as follows:

The principal cause of death and related causes of importance were as follows:

### Example II

The principal cause of death and related causes of importance were as follows:

The principal cause of death and related causes of importance were as follows:	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

#### Other contributory causes of importance:

Other contributory causes of importance: Gallstones	May 1, 1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

4328

## 1. PLACE OF DEATH

County MontgomeryVillage or City (Glennmont) Silver Spring

1647

Registration Dist. No. 214

214

St. WardLength of residence in city or town where death occurred 1 yrs. 1 mos. 15 ds. How long in U.S. if of foreign birth? 1 yrs. 1 mos. 1 ds.2. FULL NAME William Leonard Graves Jr. If U.S. Veteran, specify WAR(a) Residence: No. Silver Spring Rd. #1, Md. St. Ward. (Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male White

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Feb. 24, 1937

7. AGE

Years 1 Months  Days 15 If LESS than  
1 day, 0 hrs.  
or 0 min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.None9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)Glennmont13. NAME William Leonard Graves14. BIRTHPLACE (city or town)  
(State or country)Silver Spring (St. Marys Co.)15. MATURE NAME Wanda Rebecca Coston16. BIRTHPLACE (city or town)  
(State or country)Derwood

17. INFIRMITY (Address)

William L. Graves18. BURIAL, CREMATION OR REMOVAL  
Place Bethel Cem. Alexandria Va. Date April 8, 1937

19. UNOERT (Address)

Reuben HumphreyRockville, Md.20. FILED Apr. 8, 1937 Margaret C. Tremeame  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April81937

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19I last saw him alive on March 7, 1937; death is said  
to have occurred on the April 8, 1937 at 8 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Asphyxia

Date of onset

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) William D. And M. D.  
(Address) 8707 Columbia Rd. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	MAY 5 1937	July 5, 1927

BUREAU V. S.

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

4329

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County Montgomery 108  
 Village or City Takoma Park MD CITY LIMITS OF

NB

Registration Dist. No. 223

Ward

No. Washington Sanitarium & Hospital Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. if of foreign birth? yrs. mos. ds.2. FULL NAME Mr. Paul High(a) Residence: No. 3153 - Monroe St. N.E.  
 (Usual place of abode)

If U. S. Veteran, specify WAR

St. Washington Ward. D.C. ✓  
 If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
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5a. If married, widowed, or divorced

HUSBAND OF  
(or) WIFE OFHattie High.6. DATE OF BIRTH (month, day, end year) February 7 - 1900

7. AGE <u>37</u>	Years	Months	Days	IF LESS than 1 day, _____ hrs. or _____ min.
		<u>2</u>	<u>16</u>	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Typewriter Repairer</u>
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>Central Typewriter Co.</u>
10. Date deceased last worked at this occupation (month and year) <u>April 13-1937</u>
11. Total time (years) spent in this occupation <u>20 yrs</u>

12. BIRTHPLACE (city or town) Reading  
 (State or country) Pennsylvania13. NAME Marks. High14. BIRTHPLACE (city or town) ?  
 (State or country) ?15. MARRIED NAME Rose ?16. BIRTHPLACE (city or town) Reading  
 (State or country) Pennsylvania17. INFORMANT Washington Sanitarium Records  
 (Address)

## 18. BURIAL, CREMATION, OR REMOVAL

Place St. Lincoln Date April 26, 193719. UNDERTAKER W.H. Nevius  
 (Address) 924 7th Ave NW Wash.20. FILED April 29, 1937 At E. Readers Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April231937

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY That I attended deceased from

April 15, 1937 to April 23, 1937I last saw him alive on April 12, 1937; death is said to have occurred on the date stated above, at 143 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Double Lobar  
Pneumonia

Date of onset

April 13, 1937

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) Read E. Readers M.D.  
 (Address) Takoma Park, D.C. Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

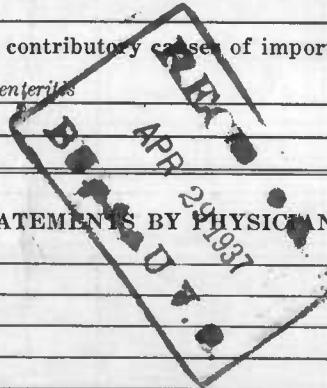
The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



## STATE OF MARYLAND—CERTIFICATE OF DEATH

4330

V. S. No. 1 MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County MontgomeryVillage or City Clney, Maryland

Length of residence in city or town where death occurred

yrs. 56 mo. 10 ds. How long in U. S. if of foreign birth? yrs. mos. ds.Registration Dist. No. 217No. Montgomery County General Hospital Ward 1

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME John Quincy Adams Hood Jr.(a) Residence: No. Sandy Spring, Md.

If U. S. Veteran, specify WAR

(Usual place of abode)

St. \_\_\_\_\_ Ward. \_\_\_\_\_

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofSusie Hackett Hood6. DATE OF BIRTH (month, day, and year) July 18, 1876

7. AGE

Years 60Months 9Days 11If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

8. OCCUPATION

Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Blacksmith

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

March, 193711. Total time (years) spent in this occupation 3512. BIRTHPLACE (city or town) Sandy Spring  
(State or country) Maryland13. NAME John Hood Sr.14. BIRTHPLACE (city or town) unknown  
(State or country)15. MAIDEN NAME Rachel Johnson16. BIRTHPLACE (city or town) unknown  
(State or country)17. INFORMANT Hosp. records  
(Address)18. BURIAL, CREMATION, OR REMOVAL  
Place Sandy Spring, Md. Date May 2, 193719. UNDERTAKER Warren E. Humphrey  
(Address) Roxbury, Md.20. FILED April 30, 1937 8 Barnsley

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April

29

(Month)

1937  
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

3/8/1937, to April 29, 1937.I last saw him alive on April 28, 1937; death is said to have occurred on the date stated above, at 7 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Benign Embolism

Date of onset

4/29/37

Other Contributory Causes of importance:

Phlebitis of leg3/17/37Name of operator John Date of 3/17/37What last confirmed diagnosis Stroke Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19Where did injury occur? none

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
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Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

4331

## 1. PLACE OF DEATH

County MontgomeryVillage or City Takoma Park, Md

Length of residence in city or town where death occurred

No.

Registration Dist. No. 223

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Laura S. N. Horwedge(a) Residence: No. Woodrow Ave, Cabin John, Md, St.

If U.S. Veteran specify WAR

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofJohn H. Horwedge

6. DATE OF BIRTH (month, day, and year)

June 23, 1873

7. AGE Years Months Days

63 9 27

If LESS than  
1 day, hrs.  
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

22 yrs

12. BIRTHPLACE (city or town)  
(State or country)

Howell, N. J.

13. NAME

John N. Nichols

14. BIRTHPLACE (city or town)  
(State or country)

Moran

MOTHER FATHER

15. MAIDEN NAME

Eugenia Robbins

16. BIRTHPLACE (city or town)  
(State or country)

New Jersey

17. INFORMANT

Sanitarium Records

18. BURIAL, CREMATION, OR REMOVAL

Place Arlenglan Nat, Date 4-23, 1937

19. UNDERTAKER

H. E. Rogers

(Address)

20. FILED apr 22, 1937 H. E. Rogers

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

April

19

(Month)

1937

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Mar. 20, 1937, to Apr. 8, 1937; death is said

I last saw her alive on Apr. 8, 1937; to have occurred on the date stated above, at 7:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Acute Suppurative Salpingitis 3/1/37

Acute peritonitis 3/1/37

Other Contributory Causes of Importance:

Chronic Salpingitis ?

Carcinoma Left ovary

Name of operation Carcinoma Liver Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edgar F. Patterson M. D.(Address) Takoma Park, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Wilcox

6849 East 7th

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED		Date of onset
Arteriosclerosis		1915
Chronic interstitial nephritis	MAY 5 1937	1921
Cerebral hemorrhage		July 5, 1927

BUREAU V. S.

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Date of onset
Attack of epilepsy
Run over by street car
Peritonitis

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

4332

## 1. PLACE OF DEATH

County Montg Co,  
Germantown Md R.F.D. #2 (Outside)  
Village or City.

Registration Dist. No. 213  
St., Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME James Jackson

Germantown Md R.F.D. 2

(a) Residence: No.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male

## 4. COLOR OR RACE

Col.

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (Write the word)

Married

## 5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Eliza Jackson

## 6. DATE OF BIRTH (month, day, and year)

About 62

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

## 7. AGE

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

Laborer Inform.

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.

10. Date deceased last worked at If  
this occupation (month and  
year) April 1937

11. Total time (years) If  
spent in this  
occupation 52 yrs

## 12. BIRTHPLACE (city or town)

Maryland

(State or country)

## 13. NAME

Isaac Jackson

## 14. BIRTHPLACE (city or town)

Md

(State or country)

## 15. MAIDEN NAME

Betsy Bell

Md

## 16. BIRTHPLACE (city or town)

Eliza Jackson

(State or country)

## 17. INFORMANT

Germantown Md

(Address)

## 18. BURIAL, CREMATION, OR REMOVAL

Burial

Place Brownstown

Apr 21

1937

## 19. UNDERTAKER

Gaithersburg Md

(Address)

## 20. FILED

April 21, 1937

Upton D. Sourcey M.D.

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

4 19 1937  
(Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from

April 13, 1937, to April 18, 1937

I last saw him alive on April 18, 1937; death is said to have occurred on the date stated above, at 8:15 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

General arterial sclerosis  
Pulmonary embolism  
embolic pneumonia

Date of onset

4/12/37

4/4/37

## Other Contributory Causes of Importance:

Name of operation

None

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_\_

Where did Injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) *Upton D. Sourcey* M. D.

(Address) *Dawsonville Md*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	<b>RECEIVED</b>	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	MAY 5 1927	1921

Other contributory causes of importance:	BUREAU V. S.	
Gallstones		May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	1 week ago

Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

4333

## 1. PLACE OF DEATH

County MontgomeryVillage or City Olney MarylandLength of residence in city or town where death occurred 10 yrs.

121

Registration Dist. No. 217No. Montgomery County General Hospt Ward 1(If death occurred in a hospital or institution, give its NAME instead of street and number)  
mos. 10 ds. How long in U.S. if of foreign birth? yrs. mos. ds.2. FULL NAME James S. Lansdale(a) Residence: No. 6000 Rockville Rd Ward. Ward

(Usual place of abode)

If U. S. Veteran, specify WAR

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>SINGLE</u>
--------------------	-------------------------------	---

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofDon't know6. DATE OF BIRTH (month, day, end year) Nov. 15, 1870

7. AGE <u>56</u>	Years <u>4</u>	Months <u>17</u>	Days <u>0</u>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Farm Supt.</u>	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>—</u>
10. Date deceased last worked at this occupation (month and year) <u>March 1937</u>	11. Total time (years) spent in this occupation <u>—</u>

12. BIRTHPLACE (city or town) Philadelphia  
(State or country) Maryland13. NAME Thomas F. Lansdale14. BIRTHPLACE (city or town) Maryland  
(State or country)15. MAIDEN NAME Eliza Strange16. BIRTHPLACE (city or town) Memphis  
(State or country) Tenn.17. INFORMANT Hosp. records  
(Address)18. BURIAL, CREMATION, OR REMOVAL  
Place Bethesda, Md Date April 4, 193719. UNDERTAKER Warren E. Pumpfrey  
(Address) Dickville, Maryland20. FILED April 4, 1937 C. S. Bandy, Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April 2  
(Month) 2 (Day) 1937 (Year)22. I HEREBY CERTIFY, That I attended deceased from March 23, 1937 to April 2, 1937I last saw him alive on April 2, 1937; death is said to have occurred on the date stated above, at 1:25 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

acute Gangrenous  
appendicitis with  
General Peritonitis

Date of onset

3/21/37

## Other Contributory Causes of Importance:

General Septicemia 3/25/37Name of operation Appendectomy with drainage Date of March 25, 1937What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury —Nature of Injury —24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify —(Signed) John Bandy M. D.(Address) Sandy Spring, Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED		Date of onset
Arteriosclerosis		1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	MAY 4 1937	July 5, 1927

BUREAU V. S.

Other contributory causes of importance:

Gallstones	May 1, 1923
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## Example II

The principal cause of death and related causes of importance were as follows:

		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

4334

## 1. PLACE OF DEATH

County Montgomery  
Village or City BoylesvilleLength of residence in city or town where death occurred 83 yrs.No. 131 St. Ward  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

## 2. FULL NAME

(a) Residence: No. Boylesville Md  
(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single (Write the word)5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 83 Months 5 Days 18 If LESS than  
1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer  
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  
10. Date deceased last worked at this occupation (month and year) 185411. Total time (years) spent in this occupation 5 years12. BIRTHPLACE (city or town)  
(State or country)13. NAME George F. Leapley14. BIRTHPLACE (city or town)  
(State or country)15. MAIDEN NAME Margaret Hughes16. BIRTHPLACE (city or town)  
(State or country)17. INFORMANT Catherine F. Leapley  
(Address)18. BURIAL, CREMATION, OR REMOVAL  
Place Montgomery Cemetery Date Apr 27, 193719. UNDERTAKER Hilton & Price, Hagerstown  
(Address)20. FILED Apr 27, 1937 C. W. White  
(Address)Registration Dist. No. 312St. Ward  
How long in U. S. if of foreign birth? Yrs. Mos. Days.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Date Apr 24th  
(Month) 1937 (Year) 7

22. I HEREBY CERTIFY. That I attended deceased from

May 1933 to Apr 24, 1937I last saw deceased alive on Apr 24, 1937; death is said to have occurred on the date stated above, at 10 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Prostatitis 1933  
Chronic Cystitis 1934  
Chronic Intestines 1935  
Nephritis 1936

Other Contributory Causes of importance:

Acute Urinary 1937  
Poison 20/37

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) C. W. White M. D.(Address) Boylesville Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	MAY 5 1937
Cerebral hemorrhage	July 5, 1927

BUREAU V. S.

Date of onset

1915

1921

July 5, 1927

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones May 1, 1923

Other contributory causes of importance:

Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

4335

## 1. PLACE OF DEATH

County MontgomeryVillage or City Silver Spring, Md.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

95-6

Registration Dist. No. 214St. Ward2. FULL NAME Mrs. Jackson Finsby(a) Residence: No. 8901 - First AveSt. Ward

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
----------------------	-------------------------------	--

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofH. E. Finsby6. DATE OF BIRTH (month, day, and year) Dec. 27, 1857

7. AGE Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
<u>7</u>			

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country) London13. NAME Jackson Alexander14. BIRTHPLACE (city or town)  
(State or country) England15. MARRIED NAME Jackson Finsby16. BIRTHPLACE (city or town)  
(State or country) England17. INFORMANT Jackson A. Finsby  
(Address) 8901 - 1st Ave Silver Spring, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Congressional Ave Date April 6, 193719. UNDERTAKER Warren E. O'Dempsey  
(Address) Silver Spring, Md.20. FILED April 5, 1937 F. E. Blodding  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 6

(Month)

(Day)

(Year)

## 22. I HEREBY CERTIFY, That I attended deceased from

April, 1930, to April 4, 1937; death is said  
I last saw h. ER alive on April 4, 1937; death is said  
to have occurred on the date stated above, at \_\_\_\_\_ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Chronic degeneration  
old age

Date of onset

## Other Contributory Causes of Importance:

Chronic myocardial disease  
old age

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) Wm. A. Shemans M. D.(Address) 112 Carroll St. Takoma Park, D. C.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

4336

## 1. PLACE OF DEATH

County Montg Co

Village or City Gaithersburg (City)

Length of residence in city or town where death occurred 9 yrs. 9 mos. 9 ds. How long in U.S. if of foreign birth? 9 yrs. 9 mos. 9 ds.

(13)

Registration Dist. No. 218

## 2. FULL NAME Miss Fannie D Monroe

(a) Residence: No. Gaithersburg Md St. City Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
---------------	------------------------	--

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 12th 1855

7. AGE 1855	Years 82	Months 3	Days 13	If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House Keeper	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 44-H	
10. Date deceased last worked at this occupation (month and year) 1927	11. Total time (years) spent in this occupation 52

12. BIRTHPLACE (city or town) Virginia, (State or country)

13. NAME Stephen E Monroe

Va

14. BIRTHPLACE (city or town) Sarah E McPherson

Va

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Methodis Home, H M Wilson, Supy, (Address) Gaithersburg Md

18. BURIAL, CREMATION, OR REMOVAL Place Ebenezer Cemetery, Date Apr 27/37

Near Bloomfield Va,

19. UNDERTAKER Ernest G Gartner

(Address) Gaithersburg Md

20. FILED Apr 26 1937 Almonda G Cooke

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

4 25  
(Month) (Day)  
, 1937 (Year)

## 22. I HEREBY CERTIFY. That I attended deceased from

Apr 24 1937 to Apr 25 1937.  
I last saw h. e. alive on Apr 24, 1937; death is said to have occurred on the date stated above, at 1-45 Am.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis  
Chronic nephritis  
Hypertension

Other Contributory Causes of importance:  
Acute Celitis

Date of onset  
Acute  
Knee  
Dent  
Knee  
Dent  
2 days

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) *Y. M. Barker*(Address) *Gaithersburg*

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis		Date of onset	1915
Chronic interstitial nephritis	MAY 6 1937		1921
Cerebral hemorrhage			July 5, 1927
BUREAU V. S.			

Other contributory causes of importance:

Gallstones		Date of onset	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset	1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago

Other contributory causes of importance:

Gastroenteritis	Date of onset	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	MAY 5 1937
Chronic interstitial nephritis	
Cerebral hemorrhage	

BUREAU V. S.

Date of onset

1915

1921

July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

4338

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County

Montgomery

180

Registration Dist. No. 212

St. Ward

Village or City

near Beallsville

Length of residence in city or town where death occurred

10 yrs. 3 mos. 13 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

Alberta Owens

If U. S. Veteran, specify WAR

(a) Residence: No.

St.

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

col.

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, end year)

Nov 18 - 1926

7. AGE

10

Years Months Days If LESS than  
3 13 1 day, hrs.  
or min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BODKEEPEER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

13. NAME

14. BIRTHPLACE (city or town)  
(State or country)

15. MADIOEN NAME

16. BIRTHPLACE (city or town)  
(State or country)17. INFORMANT  
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER  
(Address)

20. FILED

Date

M. D.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

4  
(Month)1  
(Day)1937  
(Year)

22. I HEREBY CERTIFY, That I attended deceased from ~~Spawley, 19~~ after removal  
I last saw him alive on ~~Spawley, 19~~ ; death is said  
to have occurred on the date stated above, at 11 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

~~Burned and  
asphyxiated by  
fire and smoke~~

Date of onset  
4/1/37

Other Contributory Causes of importance:

~~Trapped in burning  
house  
Partially cremated~~

4/1/37

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ~~accident~~ Date of injury 4/1/1937Where did injury occur? ~~near Beallsville~~ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Home

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ~~run into~~ M. D.  
(Address) ~~Beallsville~~

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Date of onset

1915

Chronic interstitial nephritis

Date of onset

1921

Cerebral hemorrhage

Date of onset

July 5, 1927

MAY 5 1937

Other contributory causes of importance:

Gallstones

Date of onset

May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

Date of onset

1 week ago

Peritonitis

Date of onset

3 days ago

Other contributory causes of importance:

Gastroenteritis

Date of onset

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

4339

## 1. PLACE OF DEATH

County *Montgomery*Village or City *near Bealesville*

180

Registration Dist. No. *212*

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred *9 yrs. 2 mos. 16 ds.* How long in U.S. if of foreign birth? *0 yrs. 0 mos. 0 ds.*2. FULL NAME *Mable Owens*

(a) Residence: No.

(Usual place of abode)

No.

If U. S. Veteran, specify WAR

St., Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F*4. COLOR OR RACE *col*5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word) *single*5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, end year) *Jan 15-1928*

7. AGE

Years *9*Months *2*Days *16*If LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.

8. OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year) *Student*11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

(State or country) *Maryland*

MOTHER

FATHER

13. NAME *Dennis Owens*

14. BIRTHPLACE (city or town)

(State or country) *Maryland*

15. MAIDEN NAME

*Mosella Coleman*

16. BIRTHPLACE (city or town)

(State or country) *Maryland*

17. INFORMANT

(Address) *Dennis Owens*

18. BURIAL, CREMATION, OR REMOVAL

Place *Bealesville* Date *April 2, 1937*

19. UNDERTAKER

(Address) *W. B. Hilton*

20. FILED

(Address) *Bealesville, Md.*Date *4/2, 1937*

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH *4/1/37*

(Month)

(Day)

(Year)

## 22. I HEREBY CERTIFY, That I attended deceased from

*Long hair after removal*  
I last saw *Long hair* *fire* *1937* *1937*; death is said  
to have occurred on the date stated above, at *170* *1937* m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:*Burned and asphyxiated by fire*  
*and smoke*

Other Contributory causes of importance:

*trapped in burning*  
*long hair*  
*partially cremated*

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? *Accident*Date of Injury *4/1/37*Where did injury occur? *near Bealesville*

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

*Home*

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Swanford* M. D.  
(Address) *Bealesville, Maryland*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	MAY 5 1937	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	MIROU V. S.	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

4340

## MARGIN RESERVED FOR BINDING

N. B.—**WRITE PLAINLY, WITH UNFADING INK**—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County Montgomery 180  
Village or City Near Beallsville

Registration Dist. No. 212St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 4 yrs. 8 mos. 10 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Mildred Dennis

(a) Residence: No.

(Usual place of abode)

If U. S. Veteran, specify WAR

St. Ward

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>Colored</u>	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
-----------------	---------------------------------	---

5a. If married, widowed, or divorced  
HUSBAND of  (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 21-1932

7. AGE <u>4</u>	Years	Months <u>8</u>	Days <u>10</u>	If LESS than 1 day, _____ hrs. or _____ min.
-----------------	-------	-----------------	----------------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Mother</u>	11. Total time (years) spent in this occupation <u></u>
---	---

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u></u>	12. BIRTHPLACE (city or town) <u>Maryland</u> (State or country)
--	---

10. Date deceased last worked at this occupation (month and year) <u></u>	13. NAME <u>Dennis Dennis</u>
---	-------------------------------

14. BIRTHPLACE (city or town) <u>Maryland</u> (State or country)	15. MARRIED NAME <u>Moselle Colaner</u>
---	---

16. BIRTHPLACE (city or town) <u>Maryland</u> (State or country)	17. INFORMANT <u>Mildred Dennis</u> (Address) <u>Beallsville, Md.</u>
---	--

18. BURIAL, CREMATION, OR REMOVAL Place <u>Burial</u> Date <u>4/2</u> 19 <u>37</u>	19. UNDERTAKER <u>C. C. Hilton</u> (Address) <u>Beallsville, Md.</u>
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20. FILED <u>4/2</u> 19 <u>37</u> Mrs. C. C. Hilton	Registrar.
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## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Apr 1st

(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

so & then after removedI last saw him alive on July 20th 1937; death is said to have occurred on the date stated above, at 11:00 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Purpured and  
asphyxiated both  
from food intakes

Date of cause 4/1/37

Other Contributory Causes of importance:

trapped in burning  
body  
(partially cremated)

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 4/1, 1937Where did injury occur? Near Beallsville

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Home

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) EW white M. D.  
(Address) Portland

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED	
Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	MAY 6 1931 July 5, 1927

BUREAU V. S.

Other contributory causes of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

## Example II

Other contributory causes of importance:

Gastroenteritis

Date of onset

May 1, 1923

Other contributory causes of importance:

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

4341

## 1. PLACE OF DEATH

County

Montgomery

(180)

Registration Dist. No.

212

Village or City

near Bealesville

St.

Ward

Length of residence in city or town where death occurred

6

yrs.

10

mos.

10

ds.

How long in U.S. If of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

Rebecca Owens

If U. S. Veteran, specify WAR

(a) Residence: No.

(Usual place of abode)

St.

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

Cal.

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

single

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

May 1-1930

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

6

10

10

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

Maryland

MOTHER FATHER

13. NAME

Dennis Owens

14. BIRTHPLACE (city or town)  
(State or country)

Maryland

15. MAIDEN NAME

Moseilda Coleman

16. BIRTHPLACE (city or town)  
(State or country)

Maryland

17. INFORMANT  
(Address)Dennis Owens  
Bealesville, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Barnesville Date April 2, 1937

19. UNDERTAKER  
(Address)W. B. Hilton  
Barnesville, Md20. FILED  
4/2, 1937Mrs C. C. Hilton  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

4

1

193

7

22. I HEREBY CERTIFY. That I attended deceased from

from his ~~gastro~~ removal

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_; death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Burned and  
Asphyxiated by fire  
and smoke

4/1/37

Other Contributing Causes of importance:

Suffocated in burning 4/1/37  
Partially Burned

Date of

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 4/1/1937

Where did injury occur? near Bealesville

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Home

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. W. White

M. D.

(Address) Poolesville

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	MAY 5 1937	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	BUREAU V. S.	1921

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Example II

Other contributory causes of importance:

Gallstones	May 1, 1923	Other contributory causes of importance:
		Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

4342

## 1. PLACE OF DEATH

County

Montgomery

(180)

Registration Dist. No. 212

Village or City

Near Beaverville

St.

Ward

Length of residence in city or town where death occurred.

14 yrs. 3 mos. 26 days. How long in U.S. if of foreign birth? yrs. mos. days.

## 2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St.

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

m

Colored

Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Dec. 6-1922

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

14

3

26

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

Student

12. BIRTHPLACE (city or town)

(State or country)

Maryland

MOTHER FATHER

13. NAME

Dennis Ovenses

14. BIRTHPLACE (city or town)

(State or country)

Maryland

15. MAIDEN NAME

Masell Calepan

16. BIRTHPLACE (city or town)

(State or country)

Maryland

17. INFDRMT

(Address)

Dennis Ovenses

Beaverville, MD

18. BURIAL, CREMATION, OR REMOVAL

Place

Barnesville

Date

4/2, 1937

19. UNDERTAKER

(Address)

W. B. Hillion

20. FILED

4/2, 1937

M. C. C. Hillion

Registrar

white

Registrar

V. S. No. 1 MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 21. DATE OF DEATH

4

1

, 1937

22. I HEREBY CERTIFY. That I attended deceased from

Saw this after inward  
from fire, 1937, 10, 19, 1937; death is said

I last saw him alive on \_\_\_\_\_, 1937; death is said

to have occurred on the date stated above, at 11 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance

were as follows:

Other Contributory Causes of importance:

Dropped in burning  
house  
(Partially cremated) 4/1/37

Name of operation \_\_\_\_\_

Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?  Date of Injury 4/1, 1937Where did injury occur?  Mar Beaverville

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, IN HOME, or IN PUBLIC PLACE.

Home

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed)  M. D.(Address)  Parkerville

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	MAY 5 1937	1921

Other contributory causes of importance:	BUREAU V. S.
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

4343

## 1. PLACE OF DEATH

County. Montg

Village or City. Chevy Chase.

Length of residence in city or town where death occurred. 36 yrs. No. (If death occurred in a hospital or institution, give its NAME instead of street and number)

## 2. FULL NAME. Mary S. Priest

(a) Residence: No. 102 West Thorneapple.

(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	white	widowed.

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Chas Priest

## 6. DATE OF BIRTH (month, day, and year)

August 20 1841

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	95	7	22.	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc.	Retired
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country)

Montgomery Co Pa

13. NAME William Spear.

14. BIRTHPLACE (city or town)  
(State or country)

Montgomery Co Pa

15. MAIDEN NAME Mary Spear.

16. BIRTHPLACE (city or town)  
(State or country)

Montgomery Co Pa

17. INFORMANT Edward Priest  
(Address) 102 W. Thorneapple, Chevy Chase18. BURIAL, CREMATION, OR REMOVAL  
Place: Oaks Pa. (Burial Date) 4-14, 193719. UNDERTAKER Wm Reuben Purnaphany,  
(Address) Bethesda Md.20. FILED 4-13, 1937 B.C. Perry, M.D.  
Registrar.

93-20

Registration Dist. No. 216

St. Ward

If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran, specify WAR

St. Ward

If nonresident give city or town and State

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Apr

(Month)

12th

(Day)

, 1937  
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Jan 23, 1937, to Apr 12, 1937

I last saw her alive on Apr 10, 1937; death is said to have occurred on the date stated above, at 3:20 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:

Chronic Myocarditis emb.

Date of onset

## Other Contributory Causes of Importance:

Acute Cardiac Dilatation 1 day

Name of operation. Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Branson M. D.

(Address) 35-81 16th St. NW, Washington

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	1915
Cerebral hemorrhage	1921

Other contributory causes of importance:	Date of onset
Gallstones	July 5, 1927

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	Date of onset
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

4344

1. PLACE OF DEATH *Montgomery Co*

County

Village or City *Seneca* Md R.F.D

51c

Registration Dist. No.

213

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME *William L. Schaeffer*(a) Residence: No. *Seneca* Md, R.F.D., St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of*Edith Schaeffer*

6. DATE OF BIRTH (month, day, and year)

*Nov 19th, 1858*

7. AGE <i>1858</i>	Years <i>78</i>	Months <i>5</i>	Days <i>1</i>	If LESS than 1 day, _____ hrs. or _____ min.
--------------------	-----------------	-----------------	---------------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. *Farmer*9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. *Farming*10. Date deceased last worked at this occupation (month and year) *June 1934*11. Total time (years) spent in this occupation *60 yrs.*12. BIRTHPLACE (city or town)  
(State or country) *Maryland*13. NAME *William A. Schaeffer*

Md

14. BIRTHPLACE (city or town)  
(State or country) *Perkinsville Md*15. MAIDEN NAME *Emma C. Gallion*

Md

16. BIRTHPLACE (city or town)  
(State or country)17. INFORMANT *Mrs. Edith Schaeffer*  
(Address) *Seneca Md*18. BURIAL, CREMATION, OR REMOVAL  
Place *Beallsville Md* Date *Apr 23, 1937*19. UNDERTAKER *Ernest C. Gartner*  
(Address) *Gaithersburg Md*20. FILED *April 27, 1937* U.S. DEPARTMENT OF  
REGISTRATION AND INSPECTION OF MORTGAGES  
REGISTRAR *John D. Morrissey*

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH *4 20, 1937*

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

*June 1936 to April 20, 1937*I last saw him alive on *April 26, 1937*; death is said to have occurred on the date stated above, at *1-50 P.M.*

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Cerebral hemorrhage  
General cerebral sclerosis  
Myocardial insufficiency  
Pneumonia - pneumonia*

Date of onset

10/12/37

Other Contributory Causes of importance

*Accidental fall - fracturing  
of 10" vertebrae right side*

Name of operation *Transurethral prostatectomy* Date of *July 1936*What test confirmed diagnosis *Uroscopic examination* Was there a autopsy? *Yes*

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury *Accidental fall April 18, 1936*Nature of Injury *Fracture ribs*24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify \_\_\_\_\_

(Signed) *John D. Morrissey* M. D.(Address) *Beallsville Md*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	MAY 5 1937	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	U. S.	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1928

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

4345

## 1. PLACE OF DEATH

County MontgomeryVillage or City North Chevy ChaseLength of residence in city or town where death occurred 11 yrs.

52

Registration Dist. No.

216

No. 9504 Jones Mill Road St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of time in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

## 2. FULL NAME

Elsie Schulz(a) Residence: No. 9504 Jones Mill Road St. Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

widowed

5a. If married, widow, or divorced

HUSBAND OF  
(or) WIFE OFMichael Schulz

6. DATE OF BIRTH (month, day, and year)

August 8, 1860

7. AGE

Years  
77Months  
9Days  
16If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

## OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

New York CityNew York

## MOTHER FATHER

13. NAME

Peter Petignat

14. BIRTHPLACE (city or town)

(State or country)

Switzerland

15. MAIDEN NAME

Marie ? (unknown)

16. BIRTHPLACE (city or town)

(State or country)

Switzerland

17. INFORMANT

Miss Margaret Kearny(Address) 9504 Jones Mill Rd, North Chevy Chase

18. BURIAL, CREMATION, OR REMOVAL

Forest Glenn Md Date April 27, 1937

19. UNDERTAKER

James T. Ryan Inc(Address) 317 Pennsylvania Ave. S.E.

20. FILED

4-25-1937Thomas J. Conrad  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April  
(Month)24  
(Day)1937  
(Year)22. HEREBY CERTIFY That I attended deceased from Feb 20, 1936, to April 24, 1937.I last saw her alive on April 23, 1937; death is said to have occurred on the date stated above, at 12:05 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Epithelioma of faceDate of onset  
1915

Other Contributory Causes of Importance:

Chronic nephritisDate of  
1933Name of operation Radium, X-ray Date of 1920What last confirmed diagnosis? biopsy Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of Injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) Katharine A. Chapman M. D.(Address) 2011 Baltimore St., Kensington, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
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- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	MAY 5 1937
Cerebral hemorrhage	July 5, 1927

BUREAU V. S.

Other contributory causes of importance:

Gallstones	May 1, 1928

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

4346

## 1. PLACE OF DEATH

County MontgomeryVillage or City Takoma Park Md.Registration Dist. No. 223St. WardLength of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. if of foreign birth? mos. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Robert E. Seeley(a) Residence: No. 125 Carroll Ave. (Usual place of abode)St. Ward

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

M. W.

## 4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)married

## 5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofCaroleyn Seeley

## 6. DATE OF BIRTH (month, day, and year)

Dec. 27, 1859

## 7. AGE

Years 77Months 3Days 5If LESS than  
1 day, hrs.  
or min.

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.Retired9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year) 193011. Total time (years)  
spent in this  
occupation 6 yrs.

## MOTHER FATHER

12. BIRTHPLACE (city or town)  
(State or country)Grey's Mills, New Brunswick  
Canada

## 13. NAME

James Alfred Seeley  
Canada14. BIRTHPLACE (city or town)  
(State or country)

## 15. MAIDEN NAME

Eliza Henderson16. BIRTHPLACE (city or town)  
(State or country)Canada

## 17. INFORMANT

## (Address)

Grace E. Seeley (Daughter)  
125 Carroll Ave.

## 18. BURIAL, CREMATION, OR REMOVAL

Place Seat Pleasant Md. Date April 4, 1937

## 19. UNDERTAKER

## (Address)

The A. H. Hayes Co.  
2901-14 St NW

## 20. FILED

## Date

April 2, 1937 H. E. Rogers

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April 1  
(Month) (Day)1937  
(Year)

## 22. I HEREBY CERTIFY, That I attended deceased from

Apr. 1, 1937 to April 1, 1937I last saw him not alive on April 1, 1937; death is said  
to have occurred on the date stated above, et 4:45 p.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Coronary Sclerosis with occlusive disease

Date of onset

## Other Contributory Causes of Importance:

Name of operation None Date of 1937What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_

## Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

## Manner of injury \_\_\_\_\_

## Nature of injury \_\_\_\_\_

## 24. Was disease or injury in any way related to occupation of deceased?

## If so, specify \_\_\_\_\_

(Signed) Costarrest M. D.  
(Address) Washington, D. C.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

4347

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County

montgomery

Registration Dist. No.

216

Village or City

Cherry, ghost

St., Ward

Length of residence in city or town where death occurred 29 yrs.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

Addie V. Shull

H. U. S. Veteran specify WAR

(Usual place of abode)

St., Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female white

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

Marion Shull

6. DATE OF BIRTH (month, day, and year)

Jan 13 1876

7. AGE 61 Years 2 Months 20 Days

If LESS than  
1 day, hrs.  
or min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Walker Co., Georgia

13. NAME

Gabriel Moore

14. BIRTHPLACE (city or town) (State or country)

Walker Co., Georgia

15. MAIDEN NAME

Addie Virginia Mitchell

16. BIRTHPLACE (city or town) (State or country)

Walker Co., Georgia

17. INFORMANT (Address)

I. Marion Shull  
Cherry Chase, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Wash. D. C. Date April 2, 1937

19. UNDERTAKER (Address)

Joe Gaukler Son  
Wash. D. C.

20. FILED 4-2-1937 Thomas J. Conroy

## 21. DATE OF DEATH

April 2

(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

Mar 3, 1937, to April 2, 1937

I last saw her alive on Mar 26, 1937; death is said

to have occurred on the date stated above, at 4:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

coronary thrombosis

Date of onset

Apr 1-

## Other Contributory Causes of importance:

Chronic valvular heart disease

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? None

If so, specify

(Signed)

Phm Xopan M. D.

(Address) 6001 N. Charles Street, Baltimore, Maryland

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

4350

## 1. PLACE OF DEATH

County

Montgomery

Village or City

6 Herby Chase

Registration Dist. No.

316

St., Ward

Length of residence in city or town where death occurred

17

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

Agnes T. Sohl

(Usual place of abode)

If U. S. Veteran specify WAR

St., Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

FEMALE WHITE Married

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

John E. W. Sohl

## 6. DATE OF BIRTH (month, day, end year)

7. AGE

Years

Months

Days

If LESS than  
1 day,  
1 hr.,  
or  
min.

Sept 26 - 1876

## OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country)

at home

## 13. NAME

Augusta

14. BIRTHPLACE (city or town)  
(State or country)

Georgia

## 15. MAIDEN NAME

Not obtainable

16. BIRTHPLACE (city or town)  
(State or country)

1 1

## 17. INFORMANT

(Address)

John E. W. Sohl

## 18. BURIAL, CREMATION, OR REMOVAL

Place:

30 Hesbeth St chickney

Data: 4-21, 1937

## 19. UNDERTAKER

(Address)

Jos. GAWLER'S SONS

1757 1/2 Ave NW

## 20. FILED

(Address)

4-21-1937

Thomas J. Conroy

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April

21

(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from August 10, 1934, to April 21, 1937.

I last saw her alive on April 21, 1937; death is said to have occurred on the date stated above, at 8:00 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic pyelonephritis

Chronic myocarditis

Arteriosclerosis with hypertension

Date of onset

1930

1935

1930

Other Contributory Causes of Importance:

Hobart pneumonia

3/11/37

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Ferd C. Cooley

M. D.

(Address)

105 Grafton St.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

4348

## 1. PLACE OF DEATH

County

Village or City

Length of residence in city or town where death occurred

yrs.

No.

Registration Dist. No.

CB

214

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)  
mos. 13 ds. How long in U. S. if of foreign birth? 60 yrs. 11 mos. ds.

## 2. FULL NAME

(a) Residence: No.

(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Thomas, William, Hospital

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

70 11 12

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

Retired

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.

Housewife

10. Date deceased last worked at  
this occupation (month and  
year)

1927 11 99

12. BIRTHPLACE (city or town)  
(State or country)Baltimore  
Md.

13. NAME

Thomas Mc Donald

14. BIRTHPLACE (city or town)  
(State or country)

?

15. MAIDEN NAME

?

16. BIRTHPLACE (city or town)  
(State or country)

?

17. INFORMANT

James B. Thomas (son)

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

4447 LaMont St. N.W.  
Date 4/19/37

19. UNDERTAKER

(Address)

J. J. Jaffee

20. FILED

(Address)

April 19, 1937 56 Wensley Jr.

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April 19  
(Month) (Day)1937  
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

4-19, 1937, to 4-19, 1937

I last saw her on 4-19, 1937; death is said  
to have occurred on the date stated above, at 7:30 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Arterial Coronary Occlusion 4-19-37

Date of onset

Other Contributory Causes of importance:

Fracture of right hip. 4-2-37

Date of

Name of operation

None

Date of

What test confirmed diagnosis?

X-ray

Was there an autopsy?

Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 4-2-37

Where did injury occur? 1447 LaMont St. N.W.

(Specify city, town, county, and State)

Specify whether injury occurred in INDUSTRY, in HOME, or PUBLIC PLACE

Home

Manner of injury

Fracture of hip by fall

Nature of Injury

" "

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

J. J. Jaffee

M. D.

(Signed)

J. J. Jaffee

M. D.

(Address)

Silver Spring, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

(887)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	
Chronic interstitial nephritis	MAY 5 1937	
Cerebral hemorrhage	BUREAU V. S.	

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

4349

## 1. PLACE OF DEATH

County

Montgomery

92-2

Registration Dist. No.

214

Village or City

Good Hope

St.

Ward

Length of residence in city or town where death occurred

yrs.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

(a) Residence: No.

Mary Jane Thomas

St.

Ward.

(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Fem.

## 4. COLOR OR RACE

A.A.

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

## 5a. If married, widowed, or divorced

HUSBAND OR  
(or) WIFE OF

J. Wesley Thomas

## 6. DATE OF BIRTH (month, day, and year)

Nov

✓

7. AGE

55

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

Housekeeper

Date of onset

4.30.37

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.

Own &amp; Private Home

10. Date deceased last worked at  
this occupation (month and  
year)

4.30.37

11. Total time (years)  
spent in this  
occupation

life

## 12. BIRTHPLACE (city or town)

(State or country)

Montgomery Co.

Md.

## FATHER

## 13. NAME

Albert McAllister

## MOTHER

## 14. BIRTHPLACE (city or town)

(State or country)

Charlottesville

Va. C.

## 15. MAIDEN NAME

Rachael Anna Nelson

## 16. BIRTHPLACE (city or town)

(State or country)

Howard Co.

Md.

## 17. INFORMANT

(Address)

Lucy Howard (sister)

Good Hope Md.

## 18. BURIAL, CREMATION, OR REMOVAL

Place

Columbus Md.

Data

May 3, 1937

## 19. UNDERTAKER

(Address)

Albert S. Snodderly

Rockville Md.

## 20. FILED

May 3, 1937

75 Wm. B. W.

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April 30

(Month)

1937

(Year)

## 22. I HEREBY CERTIFY That I attended deceased from

January 16, 1933, to April 30, 1937

I last saw her alive on May 13, 1937; death is said

to have occurred on the date stated above, at 11:59 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Coronary Thrombosis

4.30.37

Mitral Insufficiency

?

Hypertension

?

Other Contributory Causes of importance:

Asthmatic Bronchitis

1933

Name of operation

None

Date of

What test confirmed diagnosis?

Clinical

Was there an autopsy?

no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Data of injury

, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

Albert Snodderly

M. D.

(Signed)

(Address)

Silver Spring Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
	JUN 4 1937	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage		July 5, 1927

Other contributory causes of importance:

Gallstones	RECEIVED	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	Date of onset
	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

4351

## 1. PLACE OF DEATH

County MontgomeryVillage or City Burnt MillsLength of residence in city or town where death occurred 25 yrs.

82-11

Registration Dist. No.

2 14

St. \_\_\_\_\_ Ward \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number)  
mos. \_\_\_\_\_ ds. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.2. FULL NAME Margaret Henrietta Turner(a) Residence: No. Burnt Mills

(Usual place of abode)

St. \_\_\_\_\_ Ward. \_\_\_\_\_

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female white

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of William Preston Turner  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

March 18, 1852

7. AGE

Years

85.

Months

1

Days

6

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

Housewife

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc...10. Date deceased last worked at  
this occupation (month and  
year) \_\_\_\_\_11. Total time (years)  
spent in this  
occupation \_\_\_\_\_12. BIRTHPLACE (city or town)  
(State or country)

Four Corners, Md

MOTHER FATHER

13. NAME Bessie Clark14. BIRTHPLACE (city or town)  
(State or country)

Maryland

15. MAIDEN NAME Sue Davis16. BIRTHPLACE (city or town)  
(State or country)

Maryland

17. INFORMANT Charles Preston Turner

(Address) 8910 - 1st Ave, Silver Spring, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Colesville, Md. Date 4-28-193719. UNDERTAKER Werner Parumphrey(Address) Silver Spring, Md.20. FILED April 27, 1937 J. G. Bloddy  
Deputy Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April

25

(Month)

(Day)

1937  
(Year)22. I HEREBY CERTIFY. That I attended deceased from  
April 24, 1937, to April 25, 1937I last saw her alive on April 24, 1937, death is said  
to have occurred on the date stated above, at 12:45 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Arteriosclerosis  
Hypertension  
Cerebral HemorrhageDate of onset  
? ?  
4/24/37

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) William D. Clark M. D.(Address) 8910 Colesville Pike

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset MAY 5 1937	RECEIVED
Run over by street car		
Peritonitis		

Other contributory causes of importance:

Gallstones	Date of onset May 1, 1923

Other contributory causes of importance:

Gastroenteritis	Date of onset 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE **PLAINLY**, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated **EXACTLY**. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

## 1. PLACE OF DEATH

County MontgomeryVillage or City Takoma ParkLength of residence in city or town where death occurred yrs.

(167)

4352

223

Registration Dist. No.

ND. Washington Sanitarium & Hospital Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Mr. Robert Henry Vierling(a) Residence: ND. Route #1, Silversprings St.,  
(Usual place of abode)

If U.S. Veteran specify WAR

Ward. Silversprings, Maryland

If not resident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
--------------------	-------------------------------	--

5a. If married, widowed, or divorced  
HUSBAND of  
(or wife of) Elizabeth Vierling

6. DATE OF BIRTH (month, day, and year) <u>August 11-1899</u>	7. AGE <u>37</u>	Years <u>7</u>	Months <u>0</u>	Days <u>25</u>	If LESS than 1 day, _____ hrs. or _____ min.
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OCCUPATION <u>76.99</u>	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Auto mechanic</u>
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>Capital Transit Co.</u>	
10. Date deceased last worked at this occupation (month and year) <u>April 3-1937</u>	11. Total time (years) spent in this occupation <u>1 year</u>

12. BIRTHPLACE (city or town) St. Louis  
(State or country) Missouri13. NAME August Vierling14. BIRTHPLACE (city or town) ?  
(State or country) ?15. MAIDEN NAME Anna Fisher16. BIRTHPLACE (city or town) St. Louis  
(State or country) Missouri17. INFORMANT Washington Sanitarium Records  
(Address) Takoma Park18. BURIAL, CREMATION, OR REMOVAL  
Place 76.99 Date 4-9-193719. UNDERTAKER Warren E. Humphrey  
(Address) Rockville, Maryland20. FILED Apr. 8, 1937 H. E. Rogers  
(Signed) Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April6, 1937  
(Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from

, 1937, to April 6, 1937; death is saidI last saw him alive on April 6, 1937; death is said  
to have occurred on the date stated above, at 9:26 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Gun shot wound of the head  
Cerebral hemorrhage  
Laceration & Contusion of  
both frontal cerebral lobes  
caused by shooting caused

Other Contributory Causes of importance:  
Died two days after gun shot wound  
Massive infarction of brain  
both lungs hours

Name of operator. \_\_\_\_\_ Date of. \_\_\_\_\_

What last confirmed diagnosis. \_\_\_\_\_ Was there an autopsy? yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? 2. Suicide Date of injury Apr. 4, 1937Where did injury occur? home Route #1, Silver Springs Rd.

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

in home - states attorney notified

Manner of injury Shot thru left side of headNature of injury Gun shot wound-fraction laceration24. Was disease or injury in any way related to occupation of deceased? noIf so, specify Leg & Calvarium(Signed) H. E. Rogers M. D.(Address) Takoma Park, Maryland

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis	1027	1915
Cerebral hemorrhage		1921

RECEIVED

Other contributory causes of importance:

Gallstones	

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	Date of onset
	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

## 1. PLACE OF DEATH

County

Montgomery

93-2

Registration Dist. No. 216

Village or City

Bethesda, Md.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. If of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

William C. Voigt

(a) Residence: No. 7227 Arlington Ave.

(Usual place of abode)

If U. S. Veteran, specify WAR

No.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Mammie Voigt

6. DATE OF BIRTH (month, day, end year)

March 25-1861

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
76		0	18	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years), spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country)

Washington, D.C.

MOTHER

FATHER

13. NAME

William C. Voigt

14. BIRTHPLACE (city or town)  
(State or country)

Germany

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town)  
(State or country)

11

17. INFORMANT

P.W. Kuster

(Address)

7227 Arlington Ave. Bethesda, Md.

Place

Cedar Hill Date 4-15-1937

19. UNDERTAKER

Wm Reuben Punsherry

(Address)

7005 Wisconsin Ave. Bethesda, Md.

Place

B.C. Perry, M.D. Date

Registrar

4-13-1937

1937

B.C. Perry, M.D.

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April 13  
(Month)  
(Day), 1937  
(Year)

22. I HEREBY CERTIFY That I attended deceased from April 1st, 1937, to April 13th, 1937. I last saw him alive on April 12th, 1937; death is said to have occurred on the date stated above, at 11:27 A.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Myocarditis

Date of onset  
Nov. 1936

## Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) \_\_\_\_\_

(Address) \_\_\_\_\_ M.D. \_\_\_\_\_

B.C. Perry, M.D. \_\_\_\_\_

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

4354

## 1. PLACE OF DEATH

County Montgomery  
Village or City Takoma Park

Length of residence in city or town where death occurred \_\_\_\_\_ yrs.

No. 22 Grant Ave.

St. \_\_\_\_\_ Ward. \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number)  
mos. 15 ds. How long in U.S. or foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos.2. FULL NAME Charles O. Volland(a) Residence: No. 1311 Maple View Pl. S.E. St.  
(Usual place of abode)Ward. Washington D.C.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write his word*) Widowed5a. If married, widowed or divorced HUSBAND of Eleanor Volland (or) WIFE of \_\_\_\_\_6. DATE OF BIRTH (month, day, and year) June 1st, 1868.7. AGE 68 Years 10 Months 25 Days If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired mechanic  
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Water Dept. D.C. Gov.  
10. Date deceased last worked at this occupation (month and year) 1937  
11. Total time (years) spent in this occupation 1012. BIRTHPLACE (city or town) Washington (State or country) D.C.13. NAME Dave Volland14. BIRTHPLACE (city or town) Germany (State or country)15. MARRIED NAME Anna A. Fisher16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT Anna Haslip (Address) 4514-13th. St. D.C.

18. BURIAL, CREMATION, OR REMOVAL

Place Washington D.C. Date April 28, 193719. UNDERTAKER John R. Wright (Address) Washington D.C.20. FILED Apr 26, 1937 H. L. Rogers Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April

(Month)

(Day) 26, 1937 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1937, to April 26, 1937.

I test saw him alive on April 26, 1937; death is said to have occurred on the date stated above, at 9 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

Carcinoma of sigmoid colon.

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) Vincent Gould M. D.(Address) 2015 Nichols Ave. S.E.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	MAY 5 1927	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage		1921

BUREAU V. S.

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	Date of onset
	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

4355

## 1. PLACE OF DEATH

County

Montgomery

Village or City

m. - Damascus

11-2

Registration Dist. No.

211

St.

Ward

Length of residence in city or town where death occurred

19 yrs. 3 mos. 20 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

No.

(If death occurred in a hospital or institution, give its NAME, instead of street and number)

## 2. FULL NAME

Basil Thomas Warfield

If U. S. Veteran, specify WAR

(a) Residence: No. m. Damascus, Md.

St. Ward

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

m.

w

4. COLOR OR RACE

w

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

not married

6. DATE OF BIRTH (month, day, and year)

Dec. 30, 1917

7. AGE

19

Years

Months

3

Days

20

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

Wife

Farmer

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) Dec. 20, 1937

11. Total time (years) spent in this occupation 1 yr.

12. BIRTHPLACE (city or town)

(State or country)

m. Damascus

Md.

MOTHER

FATHER

Raymond L. Warfield

14. BIRTHPLACE (city or town)

(State or country)

m. Brynmawr

Md.

15. MAIDEN NAME

Bessie May Allnutt

16. BIRTHPLACE (city or town)

(State or country)

m. Brynmawr

Md.

17. INFORMANT

Raymond L. Warfield

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place m. Lebanon Am. Date Apr. 20, 1937

19. UNDERTAKER

Roy W. Barber

(Address) Laytonsville, Md.

20. FILED

April 23, 1937 d'ella A. Burdette

State Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

April 20

(Month)

(Day)

1937 (Year)

22. I HEREBY CERTIFY. That I deceased from

I last saw him alive on about Apr. 5, 1937, to \_\_\_\_\_, 1937. Death is said to have occurred on the date stated above, at 12:00 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Unknown to me  
Death took place suddenly  
Probably an acute heart attack

Date of onset

Other Contributory Cause of importance:

"Grip" - cold

1 wky

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George M. Boyer

M. D.

(Address) Damascus, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	RECEIVED	1915
Chronic interstitial nephritis	MAY 6 1937	1921
Cerebral hemorrhage		July 5, 1927

RUBBELL V. S.

## Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago

## Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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N. B.—**WRITE PLAINLY, WITH UNFADING INK**—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

4356

## 1. PLACE OF DEATH

County MontgomeryVillage or City Barnesville

460

Registration Dist. No. 912

St.,

Ward

Length of residence in city or town where death occurred 69 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME William B. White

(a) Residence: No.

(Usual place of abode)

If U. S. Veteran, specify WAR

St.  Ward. 

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Ollie M. White</u>				
6. DATE OF BIRTH (month, day, and year) <u>Feb 16-1868</u>				
7. AGE <u>69</u>	Years <u>76</u>	Months <u>2</u>	Days <u>14</u>	If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. <u>Retired rural</u>	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>mail carrier</u>	
10. Date dacaasad last worked at this occupation (month and year) <u>Feb 1934</u>	11. Total time (years) spent in this occupation <u>30</u>

12. BIRTHPLACE (city or town) <u>Barnesville</u>
(State or country) <u>Md</u>

13. NAME <u>William B. White</u>
----------------------------------

14. BIRTHPLACE (city or town) <u>Md</u>
(State or country)

15. MAIDEN NAME <u>Sallie Price</u>
-------------------------------------

16. BIRTHPLACE (city or town) <u>Md</u>
(State or country)

17. INFORMANT <u>Mrs. Edith Zeigler</u>
(Address) <u>Rolling Rd. Baito, Md</u>

18. BURIAL, CREMATION, OR REMOVAL Place <u>Beallsville, Md</u> Date <u>May 1-1937</u>
--

19. UNDERTAKER <u>W. B. Hilton</u>
(Address) <u>Barnesville, Md</u>

20. FILED <u>4/30/37</u> <u>Mrs. Clagett Hilton</u>
Registrar. <u></u>

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Apr 30

(month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb 3rd, 1937, to Apr 30, 1937.I last saw deceased alive on Apr 30, 1937; death is said to have occurred on the date stated above, at 10:45 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

carcinoma of  
descending colon with 1937  
metastasis to prostate

Other Contributory Causes of importance:

Prostatectomy

Date of onset Jan 1937Date Feb 1937Name of operation Prostatectomy Date of 2/1/1937What test confirmed diagnosis Microscopic Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) W. B. White  
(Address) Barnesville

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED	
Arteriosclerosis	1915
Chronic interstitial nephritis	July 5, 1927
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy
Run over by street car
Peritonitis

Other contributory causes of importance:

Gastroenteritis

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

4357

## 1. PLACE OF DEATH

County

Montgomery  
Takoma Park

Village or City

Length of residence in city or town where death occurred 18 yrs.

Registration Dist. No.

223

St.

Ward

ND. 132 Carroll

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

Frances Alida Williams

(a) Residence: ND. 132 Carroll Ave St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

5a. If married, widowed, or divorced

HUSBAND or  
(or) WIFE

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year) \_\_\_\_\_11. Total time (years)  
spent in this  
occupation 3312. BIRTHPLACE (city or town)  
(State or country)

13. NAME

14. BIRTHPLACE (city or town)  
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)  
(State or country)

17. INFORMANT

(Address) 2577 Tex St Takoma Park

18. BURIAL, CREMATION, OR REMOVAL

Place Schenectady NY Date April 24, 1937

19. UNDERTAKER

(Address) 2801-14 St NW

20. FILED

(Address) 4/22 1937 A. L. Rogers

Registrars

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

4/21, 1937  
(Month) (Day) (Year)22. I HEREBY CERTIFY. That attended deceased from  
6/4/35 to 4/21/37; death is saidI last saw her alive on 4/21, 1937; death is said  
to have occurred on the date stated above, at 10:30 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Bronchopneumonia 4/18/37  
Data of onset

Other Contributory Causes of importance:

Chronic myocarditis + 2 yrs  
general arteriosclerosis + hypertension

Name of operation: ovaries Date of: 4/21/37

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Data of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Howard T. Jones M. D.

(Address) 20 Carroll Ave Takoma Park MD

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	MAY 5 1937
Chronic interstitial nephritis	
Cerebral hemorrhage	BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

4358

## 1. PLACE OF DEATH

County

Montgomery

Village or City

Takoma Park

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

Registration Dist. No.

223

Ward

No. 301 Greenwood Ave. St.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## 2. FULL NAME

(a) Residence: No.

Harriet Marie Williams

Manassas, Va.

Veteran specify WAR

(Usual place of abode)

St.

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Dec 25 / 36

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)Washington  
D. C.

MOTHER FATHER

13. NAME William Ray Williams

14. BIRTHPLACE (city or town)  
(State or country)

Lacay Va

15. MARIOON NAME Harriet Francis Williams

16. BIRTHPLACE (city or town)  
(State or country)

Catharpin Va

17. INFORMANT

William R Williams

(Address) Manassas, Va

18. BURIAL, CREMATION, OR REMOVAL

Place Not Known Date 4-27 1937

19. UNDERTAKER

Warren E. Humphrey

(Address) Silver Spring, Md

20. FILED

April 27, 1937

R. E. Rogers

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

4 / 25 / 37  
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

Child was dead on arrival, death is said  
to have occurred on the date stated above, at 6:30 P.M.  
The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Probable Congenital  
Valvular Disease of the  
Heart as to etiologyOther Contributing Causes of importance  
Reported to police & released  
by them

Name of operation My history Date of

What test confirmed diagnosis? My history Was there an autopsy?

23. If death was due to external causes (VIOLENCE) Is in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Howard C. Moore  
(Address) 20 Canoe Ave Takoma Park Md

M. O.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
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Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED		Date of onset
Arteriosclerosis		1915
Chronic interstitial nephritis	MAY 5 1927	1921
Cerebral hemorrhage		July 5, 1927

BUREAU V. S.

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

		Date of onset
	Attack of epilepsy	1 week ago
	Run over by street car	1 week ago
	Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN